

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 580 779

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		2		1		
7		2		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12	1		1			
13		1		1		
14		1		1		
15		3		1		
16		3		1		
17		3		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
22		0		1		
23		0		1		
24		0		1		
25		0		1		
26		0		1		
27		0		1		
28		0		1		
29		0		1		
30		0		1		
31	1		1			
32		1		1		
33	1		1			
34		1		1		
35		2		1		
36		2		1		
37		2		1		
38		0		1		
39	1		1			
40		1		1		
41		2		1		
42		2		1		
43		2		1		
44		1		1		
45	1		1			
46		1		1		
47		1		1		
48		1		1		
49		4		1		
50						
TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.	65	←	41	←		←
TOTAL CLAIMS	73		49			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						